



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6825

SERIAL NUMBER 10/799,930	FILING DATE 03/12/2004 RULE	CLASS 700	GROUP ART UNIT 2121	ATTORNEY DOCKET NO. OMRNP081						
APPLICANTS <i>CSB</i> Minoru Oka, Mishima, JAPAN; Jintaro Deki, Mishima, JAPAN; Koji Yaoita, Tokyo, JAPAN; Katsuhiko Ichimura, Yokohama, JAPAN; Akio Ono, Numazu, JAPAN;										
** CONTINUING DATA ***** <div style="text-align: center;"><i>NONE CSB</i></div>										
** FOREIGN APPLICATIONS ***** JAPAN 2003-068920 03/13/2003 <i>CSB</i> JAPAN 2004-059865 03/03/2004 <i>CSB</i>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/29/2004										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px;"> Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY JAPAN </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 8 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 9 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 4 </td> </tr> </table>					Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 8	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 4	
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 8	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 4						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px;"> 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY JAPAN </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 8 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 9 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 4 </td> </tr> </table>					35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 8	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 4	
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 8	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 4						
Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <i>Crystal Burns</i> Examiner's Signature </div> <div style="width: 20%; text-align: center;"> <i>CSB</i> Initials </div> <div style="width: 40%; text-align: center;"> Met after Allowance <input checked="" type="checkbox"/> yes <input type="checkbox"/> no </div> </div>										
ADDRESS 022434 BEYER WEAVER & THOMAS LLP P.O. BOX 70250 OAKLAND, CA 94612-0250										
TITLE Control system and method for on-line editing of user program										
FILING FEE RECEIVED 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees										
<input type="checkbox"/> 1.16 Fees (Filing)										
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)										
<input type="checkbox"/> 1.18 Fees (Issue)										
<input type="checkbox"/> Other _____										
<input type="checkbox"/> Credit										